

DBHDS
SVTC and CVTC Special Project – 2012
Guidance Document for CSBs/Private Providers/Training Center Discharge
Coordinators

Process for Informing Private Providers of the Need for Services –

The private provider community offers an essential element to the successful and positive match of community services to the individual needs and preferences of each person seeking to move to the community through this initiative. While the CSB/BHA service coordinators are well aware of the providers serving their areas, the task of keeping up with the changes in individual provider scope of service and current preparedness for individual nuances of need is daunting even during less busy periods. After speaking with CSB/BHA and private provider representatives, DBHDS is urging the adoption of the following procedure to maximize the ability of the private providers to offer their particular services to aid in the successful match with the needs, preferences and choices of individuals for residential and other supporting services. These procedures are expected to be used for those individuals who are moving from SVTC and CVTC during this process who have not already selected their preferred providers.

1. Each CSB will announce a date for a teleconference in which they will describe to all callers the specific needs and preferences of each individual they are working with to develop a community moving plan. The date and time of each call will be announced through email from the CSB and posted on the DBHDS website. To call in, all providers MUST register with DBHDS. The link for registration will be posted on the DBHDS web site and sent out by the CSB with the announcement of the call. The individual preferences for geographical locations will be posted as well so providers can screen themselves out of the conference call if they do not serve that area. The conference calls will respond to specific needs and preferences of individuals the CSB is seeking a home for and will detail the training and skills that providers will be expected have in place.
2. Once the teleconference has been conducted, providers who are interested in being considered for one or more of the individuals seeking a community home should then. If they have not already, fill out the provider profile found on Survey Monkey™ and accessed through the DBHDS website found at:
<http://www.surveymonkey.com/s/KFTDMJG> .
They will also notify the CSB/BHA service coordinator through email of their interest in supporting a specific individual and of their belief that they have the right match for the

needs and preferences that have been identified as well as the training and the skills to match specific needs that have been identified.

3. The CSB/BHA support coordinator will access the provider profile and review it with respect to the needs and preferences that have been identified. If there appears to be a relatively good match, then the profile will be placed in the file of providers to be reviewed by the individual and his/her family or guardian.
4. Each individual, with support from the individual's Personal Support Team, will review each provider in the file and select a minimum of three residential providers and three employment/day support providers to visit.
5. Visits will be arranged by the support coordinator, working in coordination with the TC Discharge Coordinator, and the result of each visit will be documented in the individual's CM record by the support coordinator at the CSB and at the TC by the Discharge Coordinator.
6. The individual will select a provider from the initial three, or may choose to visit additional providers until satisfied that the right match has been found.
7. Final selection of a residential provider will not be made until the individual has had enough experience with the provider through interviews, visits, and at least one day, 1 overnight and 1 weekend visit (this can be combined) and all are in agreement to move forward with the placement.

Waiver Slot Requests –

The Commonwealth of Virginia is participating in the Money Follows the Person Demonstration Project and, therefore, is able to offer MFP Waiver slots to any qualifying individual who selects an MFP qualified community residential placement. Whenever there is the opportunity to use an MFP slot, it must be the slot selected. If the home that is selected by the individual does not qualify for MFP (is not a sponsored residential of two or fewer beds or a group home of 4 or fewer beds), the Department will offer a "regular waiver" Trust Fund slot that has been funded through the Trust Fund for this project.

To access Trust Fund slots, requests must be made through Vivian Stevenson either by email (vivian.stevenson@dbhds.virginia.gov) or telephone (804-786-8286) by the case manager. Once she has verified the information as to the qualifications of the individual for the slot, she will then transfer the slot to the available slot folder in the IDOLS system for that CSB. It will then be ready for use.

Capacity Funds –

For the special project aimed at assisting in the safe transition of 60 individuals living at SVTC and CVTC by June 30, 2012, the Department has received approval to offer community capacity

funding from the Trust Fund established by the General Assembly. These funds will be in the amount of \$3,000 for the residential services and \$1,000 for the employment/day support services that are selected by the individual.

To access these funds, the Case Manager and the provider sign off on the "Request to Access Special Project Community Capacity Funds" (attached) and submit to the Office of Developmental Services. Once approved, the funds will be distributed to the Community Services Board in the next available bi-monthly disbursement. The CSB/BHA will then pass the funds on to the selected provider.

Service Coordination Special Reimbursement –

The Trust Fund is also being used to fund up to 6 months of Support Coordination (Case Management) services related to transitioning individuals from CVTC and SVTC before June 30, 2012. Reimbursement will be in the amount of \$326.50 per month for every month from the date SC services began with the individual related to community transition up to the date of community movement less the one month that the CSB is able to bill Medicaid. Unless there is substantial activity as evidenced from the case notes in the month directly preceding, the month of reimbursement will begin with the Pre-Move Planning Meeting and the month of community movement will be the month that the residential provider is eligible to bill Medicaid. In order to receive these funds, please fill out the form attached to this communication and submit it to the Office of Developmental Services along with a copy of the case notes outlining the activity for each month for which reimbursement is sought. There will be one check paid for all of the months eligible for reimbursement after the placement has been made.